



2017-2018 Enrollment Application

Child's Name _____ **Registration Date** _____

Last _____ **First** _____ **Preferred Name** _____

Birthdate ____/____/____ **Ethnicity** _____ **Male / Female**

Child's Address _____

	Street	City	State	Zip
Contact Information	Mother of Child	Father of Child	Stepparent / Legal Guardian	Stepparent / Legal Guardian2
Name				
Home Address (if different than above)				
Home Phone				
Occupation and Phone #				
Cell Phone				
Email (for preschool updates)				
Religion / Parish				
Child lives with (please check)				

My child will most likely attend Kindergarten at _____

Name and ages of siblings _____

I have a child currently enrolled at Holy Cross Elementary School ? YES / NO

I found Holy Cross EEC by: Friend _____ Church Web Sibling Other _____

List two persons authorized for routine pick up:

1. _____ Cell # _____ Home # _____ Relationship _____
2. _____ Cell # _____ Home # _____ Relationship _____

List two persons to contact for pick up in case of illness/injury if you are unavailable:

1. _____ Cell # _____ Home # _____ Relationship _____
2. _____ Cell # _____ Home # _____ Relationship _____

Please list any Special Education/Instructional/Medical (food allergies, asthma, etc.) Needs? If so, please list them below (severity, treatment, etc)

IF YOU HAVE A CHILD AT THE BIG SCHOOL AND YOUR CHILD IS ENROLLED IN A PM SESSION PLEASE CHECK ONE OF THE FOLLOWING:

_____ I choose the free sibling pick up at 3:00pm _____ I choose to pay \$1/day for 3:15pm sibling pickup

STEP 1: Choose preschool class

**Please check the preschool class based on your child's age (1st and 2nd choice please)

_____ 3 YR OLD Tues & Thur

Must be 3 by Aug 31

8:30 - 11:00

_____ 3 YR OLD Mon-Wed-Fri

Must be 3 by June 1

8:30 - 11:00

_____ 3/4 YR OLD Mon-Wed/Fri

Must be 3 by Aug 31

(Friday optional) 12:00 - 2:30

_____ 4 YR OLD Mon -Wed-Fri

Must be 4 by Aug 31

8:30 - 11:00

_____ 4 YR OLD Mon-Wed-Fri

____ M-F option starting Jan 2018

Must be 4 by Aug 31

12:00 - 2:30

_____ 4 YR OLD Mon-Fri

Must be 4 by July 1

8:30 - 11:00

_____ 5 YR OLD Mon-Fri

Transitional Kindergarten

Must be 5 by Oct 15

8:30 - 11:00

_____ 4 YR OLD Mon-Fri

Must be 4 by July 1

12:00 - 2:30

STEP 2: Need childcare?? Please choose the childcare option that best fits your needs

** Choose the option(s) and circle all days that will be needed.

Full Time Care

STAY N PLAY

2 day minimum

(care from 7:30 - 6:00)

M T W TH F

Drop off time _____ AM

Pick up time _____ PM

Part Time Care

PALs (PLAY A LITTLE)

(care from 8:30 - 12:00

OR 11:00 - 2:30)

M T W TH F

AM PM

Additional Child Care Options

Early Drop Off

(care from 7:30 -8:30)

M T W TH F

_____ I have a child at HC & will be dropping off at 8:00 for free

Lunch Bunch

(care from 11:00 - 12:00)

M T W TH F

HC Sibling Pick Up

HC siblings in PM session only

(care from 2:30 - 3:15)

_____ 3:00 pick up (free)

M T W TH F

_____ 3:15 pick up (\$1)

M T W TH F

STEP 3: Read, Initial and Sign

*** The non-refundable registration fee must be accompany the Enrollment Application***

** One month's tuition will be required by June 1st, 2107 & will be applied to the last month of the school year **

Please initial each category - Holy Cross Early Education Center, as represented by a staff member, has permission to:

_____ take my child on school outings and field trips that involve transporting (walking, bus) my child away from the school premises.

_____ photograph my child participating in school activities for the promotional use of Holy Cross Early Education Center on the web or on brochures.

_____ I understand that tuition is to be paid the 1st of each month, that refunds of tuition cannot be made, and that a 30 day notice is required to withdraw a child from the program.

_____ ***I acknowledge that any delinquent payment of tuition past a 45 day period will result in termination of my child's enrollment.***

Holy Cross Early Education Center shall be open to any child provided the school can meet the needs of that child. Holy Cross Early Education Center admission policies shall be non-discriminatory in regards to race, color, religion, national origin, ancestry, physical handicap, or sex in accordance with Kansas Civil Statute K. S. A. 44-1009.

Parent's / Guardian's Signature

Parent's / Guardian's Signature